



ARTISTS IN THE SCHOOLS EVALUATION

Artist Name: _____ Date: _____
School: _____ Teacher: _____
Grade level(s): _____ # of Students: _____

Please complete and return to CCAC immediately after workshop/performance. Upon receipt, CCAC will issue payment to artist.

	Excellent		Fair		Poor
1. In general, the quality of the workshop was	5	4	3	2	1
2. Appropriateness for grade level	5	4	3	2	1
3. Artist ability to work with and manage the group was	5	4	3	2	1
4. The students' attention and interest was	5	4	3	2	1
5. The students participation was	5	4	3	2	1
6. As part of the school curriculum, the workshop/performance was	5	4	3	2	1
7. Was the artist on time?			<input type="checkbox"/> Yes		<input type="checkbox"/> No
8. Would you recommend the artist for further workshops?			<input type="checkbox"/> Yes		<input type="checkbox"/> No
9. Were the facilities, space, and materials adequate for the workshop/performance?			<input type="checkbox"/> Yes		<input type="checkbox"/> No
10. Will anything from the workshop/performance be useful in future teaching?			<input type="checkbox"/> Yes		<input type="checkbox"/> No

Additional comments:

Thank you for your thoughtful consideration and continued interest in Arts in Education. Remember to complete and mail this form along with a copy of the completed Artists in the Schools Agreement to: CCAC, P.O. Box 250, San Andreas, CA 95249.